

POSITION	ID NO.	DATE
CLASSIFIER	10	3-1-93
EXAMINER	434	3/5/93
TYPIST	DK	3/6
VERIFIER	V20	3/8/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 (1)	✓ ✓
2 (2)	0 11
3 (3)	0 11
4 (4)	✓ ✓
5 (5)	0 11
6 (6)	0 11
7 (7)	1 ✓
8 (8)	✓ ✓
9 (9)	✓ ✓
10 (10)	0 ✓
11 (11)	✓ ✓
12 (12)	0 -
13 (13)	0 -
14 (14)	0 -
15 (15)	0 -
16 (16)	0 -
17 (17)	0 -
18 (18)	✓ ✓
19 (19)	0 11
20 (20)	11
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SYMBOLS

✓	..... Rejected
=	..... Allowed
-	(Through number) Canceled
+	..... Restricted
N	..... Non-elected
I	..... Interference
A	..... Appeal
O	..... Objected

Claim	Date
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